

OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
CANDIDATE COMMITTEE

CAMPAIGN SPENDING
COMMISSION

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

Mark Jennigan

(b) Committee Name: Friends of Mark Jennigan

(c) Mailing Address: P.O. Box 4916

Kailuakona HI 96740

(d) Phone (Bus) 334-0292 (Res) 329-7006

Treasurer's

SECTION II-TYPE OF REPORT: P335

(See the Schedule of Reporting Dates to complete this section)

- ☐ 1st Preliminary Primary ☐ Amended ☐ First ☐ Third
☐ 2nd Preliminary Primary ☐ Second ☐ Fourth
☐ Final Primary ☐ Short Form¹
☐ Preliminary General
☐ Final Election Period
☐ Supplemental

REPORTING PERIOD

7/1/04 through 9/3/04

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD ² TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period ²		3025.85
2. Cash on Hand at the Beginning of this Reporting Period.....	3175.85	
3. Total Receipts (From Line 15).....	9396.09	19669.70
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	12571.94	22695.55
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	41.09	41.09
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....	12530.85	22736.64
7. Total Loans at the Closing of this Reporting Period.....	10123.61	
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	1478.72	
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....	11602.33	
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	928.52	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Mark Jennigan
Candidate Signature

Date

[Signature]
Treasurer Signature

Date

9/7/04

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.
² An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	921.09	921.09	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	7975.00	8125.00	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	8896.09	9046.09	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	— 0 —	— 0 —	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	500.00	500.00	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....	500.00	500.00	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....	9396.09	9546.09	12
13. Public Funds and Other Receipts.....	— 0 —	— 0 —	13
14. Loans.....	— 0 —	10,123.61	14
15. Total Receipts (Add Lines 12 through 14).....	9396.09	19,669.70	15
DISBURSEMENTS			
16. Expenditures.....	41.09	41.09	16
17. Loans Repaid or Forgiven.....	— 0 —	— 0 —	17
18. Unpaid Expenditures Paid or Forgiven.....	— 0 —	— 0 —	18
19. Subtotal Disbursements (Add Lines 16 through 18).....	41.09	41.09	19
20. Unpaid Expenditures.....	1478.72		20
21. Total Disbursements (Add Lines 19 and 20).....	1519.81	41.09	21

USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

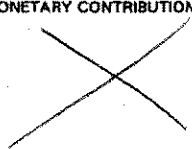


**SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 7

Mark Jernigan - Friends of Mark Jernigan

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION 			
7/6/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Ethel Andrade P.O. Box 104 Kamuela HI 96743		\$100.00	\$100.00
7/6/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION James Stafford 75 - 6138 Alii Drive Kailua Kona HI 96740		\$500.00	\$500.00
7/12/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Aloha Insurance Services 75-5722 Kuakini Hwy Kailua Kona HI 96740		\$100.00	\$100.00
7/12/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hale Kona, Inc GMAC Real Estate 76-6225 Kuakini Hwy Kailua Kona HI 96740		\$200.00	\$200.00
7/12/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION James Thropp, Jr P.O. Box 346 Paauilo HI 96776		\$100.00	\$100.00
1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....			\$1000.00	
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....			XXXXXX	

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BEL:

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION



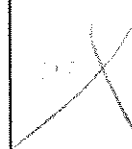
SCHEDULE A
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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 2 OF 7

Mark Jernigan, Friends of Mark Jernigan

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
7/12/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Putman D. Clark 75-5722 Kuakini Hwy Kailua Kona HI 96740		\$200.00	\$200.00
7/12/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Sue Carter 77-6393 Kupuna St Kailua Kona HI 96740		\$500.00	\$500.00
7/12/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION William White, III P.O. Box 2 East Irvine CA 92650		\$200.00	\$200.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION 			
7/19/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Cal-Kona Produce P.O. Box 16 Keahakekua HI 96750		\$100.00	\$100.00
7/19/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Frank Sayre, DDS P.O. Box 1285 Kailua Kona HI 96745		\$200.00	\$200.00

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

1200.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(iii)).....

XXXXXX

Form CC-5(A) (Rev. 5/99)

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2200.00

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 3 OF 7

Mark Jernigan, Friends of Mark Jernigan

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
7/19/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION G. Terry Causey 74-425 Kealahou Pkwy #16 Kailua Kona HI 96740		\$ 300.00	\$300.00
7/19/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Gerald M Lange 73-1300 Kukuna Street Kailua Kona HI 96740		\$ 150.00	\$150.00
7/19/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Susan Russell 73-2175 Kaloko Drive Kailua Kona HI 96740		\$ 100.00	\$100.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

550.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

XXXXXX

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on
Schedule B.

2750.00

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

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OF

7

Mark Jernigan, Friends of Mark Jernigan

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Fair Wind 78-6775 #A Makenawai St. Kailua Kona HI 96740	Fair Wind	\$1000.00	\$1000.00
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Robert S. McClean P.O. Box 3000 Kailua Kona HI 96745		\$500.00	\$500.00
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Preston Crowl P.O. Box 9008 Kailua Kona HI 96745		\$100.00	\$100.00
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Julie Ann Kaku P.O. Box 1921 Kealahou HI 96750		\$100.00	\$100.00
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION George Handgis P.O. Box 390010 Keauhou HI 96739		\$100.00	\$100.00

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

1800.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

XXXXXX

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on
Schedule B.

4550.00

CHECK ONLY ONE BOX
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STATE OF HAWAII
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SCHEDULE A
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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 5 OF 7

Mark Jernigan Friends of Mark Jernigan

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Cecelia A Miller P.O. Box 1739 Honokaa HI 96727		\$100.00	\$100.00
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Thomas C Johnson 78-261 Manukai St. #806 Kailua Kona HI 96740		\$100.00	\$100.00
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Raymond Foat P.O. Box 384598 Waukoloa HI 96738		\$100.00	\$100.00
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Jim Rath 73-1127 Ahikawa St. Kailua Kona HI 96740		\$500.00	\$500.00
8/6/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Michael C. Rossell 1717 Republican Street Honolulu HI 96819		\$100.00	\$100.00
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION David M. Davenport 62-2670 Kauhahae Road Kamuela HI 96743		\$250.00	\$250.00

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

1150.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(iii)).....

XXXXXX

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

5700.00

CHECK ONLY ONE BOX
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SCHEDULE A
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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 6 OF 7

Mark Jernigan, Friends of Mark Jernigan

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hualalai Realty P.O. Box 819 Kailua Kona HI 96745		250.00	250.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
9/2/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kona League of Republican Women P.O. Box 3134 Kailua Kona HI 96740		125.00	125.00
9/2/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Susan Russell 73-2175 Kabako Drive Kailua Kona HI 96740		500.00	600.00
9/2/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Jean Murphy P.O. Box 1990 Kailua Kona HI 96745		100.00	100.00
9/2/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Charles F. Hosley 78-6655 Mamalahoe Hwy Holualoa HI 96725-9735		100.00	100.00

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

1075.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

XXXXXX

Form CC-5(A) (Rev. 5/99)

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1075.00

CHECK ONLY ONE BOX
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☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
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CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 7 OF 7

Mark Jernigan. Friends of Mark Jernigan

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
9/2/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Gertrude Endicott 76-7045 Kalua St #105 Kailua Kona HI 96740		200.00	200.00
9/2/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Charlie Bussell P.O. Box 9-1325 Anchorage AK 99509		500.00	500.00
9/2/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION George Handgis 73-4824 Anini St Kailua Kona HI 96740		500.00	600.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

1200.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(iii)).....

7975.00

Form CC-5(A) (Rev. 5/99)

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☐ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

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STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

Mark Jeenigan, Friends of Mark Jeenigan

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
9/2/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Jerry & Rose Jeenigan P.O. Box 785 Tok, AK 99780		500.00	500.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

500.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

500.00

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

8555.00

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
7/6/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Contributions Under \$100.00		50.00	50.00
7/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Contributions Under \$100.00		275.00	325.00
8/9/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Contributions Under \$100.00		225.00	550.00
9/2/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Contributions Under \$100.00		100.00	650.00
7/12/04	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Contributions Under \$100.00		230.00	880.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

880.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

XXXXX

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 2 OF 2

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
7/26/04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Contributions Under \$100.00 Non Monetary		37.24	37.24
7/30/04	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Contributions Under \$100 Non Monetary		3.85	41.09
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION X		X	X
1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....			41.09	
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....			921.09	

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

Mark Jernigan Friends of Mark Jernigan

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
<i>7/28/04</i>	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Johanna Wiseman 74-5615 Luhia St Kailua Kona HI 96740</i>	<i>Copies</i>	<i>\$1.67</i>
<i>7/28/04</i>	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Johanna Wiseman 74-5615 Luhia St Kailua Kona HI 96740</i>	<i>Office Supplies</i>	<i>\$35.57</i>
<i>7/30/04</i>	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Johanna Wiseman 74-5615 Luhia St. Kailua Kona HI 96740</i>	<i>Postage</i>	<i>\$3.85</i>
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....

41.09

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....

41.09

ATTACH A COPY OF THE
EXECUTED LOAN DOCUMENT AT
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE D
LOANS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAID OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
DATE OF LOAN	PURPOSE OF LOAN				
<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER	Mark Jernigan P.O. Box 4916 Kailua Kona HI 96745	10,123.61	-0-	<input type="checkbox"/> FORGIVEN -0-	10,123.61
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
1. SUBTOTAL (This Page).....			-0-	-0-	10,123.61
2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....			-0-		
3. TOTAL LOANS REPAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....				-0-	
4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....					10,123.61

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE E
UNPAID EXPENDITURES
CANDIDATE COMMITTEE**

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

Mark Jennigan, Friends of Mark Jennigan

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE			<input type="checkbox"/> FORGIVEN	
9/3/04	Award Center Hawaii 74-5583 Luhia St #A10 Kailua-Kona Yard Signs	- 0 -	1478.72	- 0 -	1478.72
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
1. SUBTOTAL (This Page).....			1478.72	- 0 -	1478.72
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....					
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....				- 0 -	
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....					1478.72

Form CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.